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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2009				Complete if Known					
				Filing Date S		10/526,967-Conf. #7967 September 19, 2005			
						Jonathan Crepeau			
				Applican	t claims small entity stat	ıs. See 37 CFR 1.27		7 de Offic	
TOTAL AMOUNT OF PAYMENT		(\$) 0.00		Attorney Docket No. 22		22409-00356-US			
METHOD OF	PAYMENT (check	all that apply)							
Check	Credit Card	Money Order	No	ne Other (	please identify	):			
Deposit Ac	count Deposit Account	Number: 22-0	0185	Deposit /	Account Name:	Connolly Bo	ve Lodge &	Hutz LLP	
For the	above-identified depo	sit account, the Di	rector is	hereby authorize	ed to: (check	k all that apply	)		
c	harge fee(s) indicated	below		Charge	e fee(s) indi	cated below, e	except for th	e filing fee	
X Cl	harge any additional f e(s) under 37 CFR 1.	ee(s) or underpayn 16 and 1.17	nents o	f x Credit	any overpa	yments			
FEE CALCU	. ,								
1. BASIC FILIN	G, SEARCH, AND E	KAMINATION FEE	s						
	FII	ING FEES	SE.	ARCH FEES	EXAMIN	ATION FEES	3		
Application T	ype Fee (\$	Small Entity ) Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLA	AIM FEES						5	Small Entity	
Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						52	26		
	•	uding Reissues)					220	110	
Multiple dependent claims							390	195	
				ee Paid (\$)					
	- 36 = ber of total claims paid for	_ <b>x</b> =			ree	<u> </u>	Fee Paid (\$)	1	
Indep. Claims	Extra Claims		F	ee Paid (\$)				_	
2	- 2 =	x =							
HP = highest num	ber of independent claims	paid for, if greater than	3.						
listings und	on SIZE FEE ation and drawings ex der 37 CFR 1.52(e)), action thereof. See 3	the application size	e fee di	ie is \$270 (\$135 f					
Total Sheet		_		dditional 50 or frac			Fee F	<u> Paid (\$)</u>	
	100 =	/50 =		(round <b>up</b> to a who	ole number) >	x	=		
4. OTHER FEE	• •	0.0 / 11 **					<u>Fees l</u>	Paid (\$)	
_	Specification, \$130	,	ity disc	ount)					
Otner (e.g.,	late filing surcharge):								
SUBMITTED BY				Pogiatratica No					
Signature	/Michael G. Verga			Registration No. (Attorney/Agent)	39,410	Telephone	(202) 331-7111		
Name (Print/Type)	Michael G. Verga					Date :	September	30. 2009	